



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

December 7, 2006

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Flashback, 311 North 8<sup>th</sup> Street requesting a class C liquor license.

Ileana Jolly & Kenneth Farley will be the owners / managers of this liquor license

Background information on the applicants is as follows:

Ileana Jolly was born in Harlem, Montana. She attended Crete High School graduating in 1997.

Ileana Jolly employment history is as follows:

2000 - Present	Sales, TJ Max	Lincoln, NE.
1996 - 2001	Sales, Sears	Lincoln, NE.
1994 - 1999	Waitress, Hitchen Post	Hallam, NE.

Kenneth Farley was born in Lincoln, Nebraska. He attended Southeast High School graduating in 1990.

Kenneth Farley has been self employed since 1990.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: FLASHBACK

Address: 311 N. 8TH Phone: \_\_\_\_\_

Type of Investigation : Purchase Upgrade Expansion New  
Owner Manager Other: \_\_\_\_\_

Type of Business: BAR

Liquor Class A B C D I J K Catering Other: \_\_\_\_\_

Ownership: Corporation Partnership Individual

Amount Financed: 25,000 Source: FIRST NATIONAL BEATRICE

Lease Agreement: 3yr - \$3200<sup>00</sup>

Sales: %Food: 0 %Liquor: 100

Located: Commercial Industrial Residential

Traffic Flow: moderate Off Street Parking: Yes No

Ready for Operation: Yes No Est Date: JAN 07

Food Service: Yes No Employees: F/T 5 P/T 5-6

Est Seating: 290 + Est Daily Customers 100 +

Hours of Operation: W-SAT <sup>THUR</sup> weel 5-11 FR-SAT 7pm-1am

Any Additional Comments: \_\_\_\_\_

Liquor License Investigation

Business (DBA) FLASHBACK

☒ Manager

☒ Owner

Other \_\_\_\_\_

Name: KENNETH FARLEY

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ? ☒ No Yes

Explain \_\_\_\_\_

Does applicant have an interest in another liquor license ? ☒ No Yes

Explain \_\_\_\_\_

Is spouse qualified to hold a license ? Yes No ☒ N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 40

Any other employment ? ☒ No Yes, explain \_\_\_\_\_

Any previous experience with a liquor license? Yes

☒ No

Any criminal convictions ? ☒ No Yes

Comments \_\_\_\_\_

Is applicant a property owner in Lincoln ? ☒ Yes No

Is applicant involved in any civil litigation ? ☒ No Yes

Comments \_\_\_\_\_

☒ Photo

☒ Records Check

☒ References

Comments \_\_\_\_\_

Interview Date 12 / 7 / 06

Liquor License Investigation

Business (DBA) FLASHBACK

Manager

Owner

Other \_\_\_\_\_

Name: ILEANA JOILY

US Citizen ?

Yes

No

Has applicant ever been cited for liquor law violations ? No Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license ? No Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license ? Yes No N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 40

Any other employment ? No Yes, explain \_\_\_\_\_

Any previous experience with a liquor license ? Yes No

Any criminal convictions ? No Yes

Comments \_\_\_\_\_

Is applicant a property owner in Lincoln ? Yes No

Is applicant involved in any civil litigation ? No Yes

Comments \_\_\_\_\_

~~(-)~~ Photo

~~(-)~~ Records Check

~~(-)~~ References

Comments \_\_\_\_\_

Interview Date 12/7/06



FILED

PH: 1-8-2007  
STATE OF NEBRASKADave Heineman  
Governor

DEC 5 2006

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

December 4, 2006

City Clerk of Lincoln  
City/County Building  
555 S 10 Street  
Lincoln, NE 68508*Alena Jolly + Kenneth Farley  
311 No. 8th Suite 1 dba 7Lashback  
CLASSE*

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

*A6-131305*

Sincerely,

*Jackie B Matulka*NEBRASKA LIQUOR CONTROL COMMISSION  
Jackie B. Matulka  
Licensing DivisionEnclosures  
Rhonda R. Flower  
CommissionerBob Logsdon  
ChairmanR.L. (Dick) Coyne  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

75129

*local***RECEIVED****LICENSE APPLICATION CHECKLIST**

Applicant Name

*Ileana R Jolly*  
*Kenneth R Farley*

Telephone #

*402-444-2889*  
**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Trade Name

*FlashBack*

Previous Trade Name

*none*

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

**REQUIRED ATTACHMENTS**

Each item must be checked off and included or marked N/A for not applicable.

1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure.
2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- ✓ 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate/LLC License – Form 3 and manager application (with corporate application only). LLC application must include all members.
- ✓ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name. *assets*
- N/A 5. new* If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicants name.
- N/A 6. new* Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- none 7.* Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

*Rcpt 466959**Per 5230  
45-mm*

None 8.

Enclose a list of any inventory or property owned by other parties that are on the premise.

9.

OR  
For Individual and Partnership applications enclose proof of citizenship, birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.

N/A 10.

If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

Partnership

When you have completed this checklist, the application form(s) and attached a the required documents, in triplicate, submit them to: **Nebraska Liquor Control Commission, 301 Centennial Mall South, PO Box 95046, Lincoln, NE 68509-5046**

**I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.**

\_\_\_\_\_  
Signature

# APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.nol.org/home/NLCC/

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NEBRASKA LIQUOR  
CONTROL COMMISSION

OFFICE USE ONLY

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | Beer, On Sale Only                            | \$45.00 |
| <input type="checkbox"/>            | B | Beer, Off Sale Only                           | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/>            | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/>            | I | Beer, Wine & Distilled Spirits, On Sale Only  | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

### MISCELLANEOUS

- |                          |   |  | Bond                 |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub)   | \$295.00 1,000 min.  |
| <input type="checkbox"/> | O | Boat   | \$ 95.00 N/A         |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits<br>(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer   |                      |
| <input type="checkbox"/> | X | Wholesale Liquor   | \$545.00 5,000       |
| <input type="checkbox"/> | Y | Farm Winery  | \$795.00 5,000       |
|                          |   |  | \$295.00 1,000       |

All Class C licenses expire October 31st

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Individual License, requires insert form 1                            |
| <input checked="" type="checkbox"/> | Partnership License, requires insert form 2                           |
| <input type="checkbox"/>            | Corporate License, requires insert form 3a and manager application 3b |

### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm address: \_\_\_\_\_



**PREMISE INFORMATION**

Trade Name (doing business as) FlashBack

Street Address #1 311 North 8<sup>th</sup> Street Ste. 1

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2

Zip Code 68512

Telephone number at premise to be licensed \_\_\_\_\_

Is this location inside the city/village corporate limits: ☒ YES city ☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: Ileana R Jolly Kenneth R Farley

Street Address #1 916 S. 32<sup>nd</sup>

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster

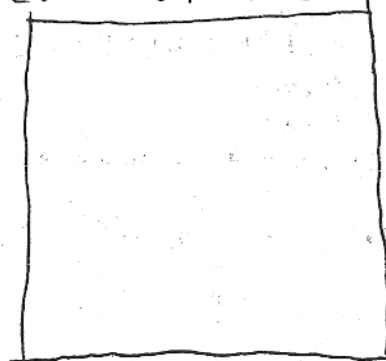
Zip Code 68510

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

Lower level of the Sullivan

only



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☒ Yes If yes, please explain below or attach a separate page.  
☐ No

Speeding Tickets - Kenneth & Ileana

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NEBRASKA LIQUOR  
CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes  
Current business name and license number \_\_\_\_\_  
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes  
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☒ Yes Personal loan / will be borrowing  
☐ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Wells Fargo

Kenneth R Farley  
Ileana R Jolly

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

None

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12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Kenneth Farley all business **NEBRASKA LIQUOR CONTROL COMMISSION**  
Ileana Jolly

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Ileana Jolly work in bar + Restaurant Nebraska  
for 9 yrs

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date  
☐ Deed  
☒ Purchase Agreement

12/31/09

15. When do you intend to open for business? mid to end of Dec

16. What will be the main nature of business? What are the anticipated hours of operation? Dance Club + Bar  
wed + Thurs 7-12 pm Fri + Sat 7-1 am

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
<u>Kenneth R Farley</u>	<u>1971</u>	<u>2006</u>	<u>Lincoln, NE</u>
<u>Ileana R Jolly</u>	<u>1993</u>	<u>2004</u>	<u>Hallam, NE</u>
	<u>2004</u>	<u>2006</u>	<u>Lincoln, NE</u>

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

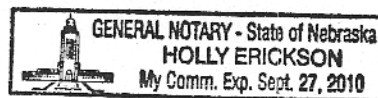
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

<u><i>Walter Jolly</i></u> (sign here)	<u><i>Kenneth R. Faley</i></u> (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)

Subscribed in my presence and sworn to before me this

28<sup>th</sup> day of November, 2006

*Holly Erickson*  
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

APPLICATION FOR LIQUOR LICENSE  
PARTNERSHIP INSERT - FORM 2

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.nol.org/home/NLCC/

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NEBRASKA LIQUOR  
CONTROL COMMISSION

NAME OF PARTNER:

Last Name Jolly SS # [REDACTED]  
First Name Ileana MI R dob: [REDACTED]  
Home Address 916 South 32nd St. City Lincoln  
Home Telephone Number (402) 474-6049  
Drivers License Number [REDACTED] State NE 68510

Are you married? ☐ Yes ☒ No If yes, complete the following:

Spouses Names (Last, First, Middle)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

NAME OF PARTNER:

Last Name Farley # [REDACTED]  
First Name Kenneth MI \_\_\_\_\_ dob: [REDACTED]  
Home Address 916 S 32nd St. City Lincoln 68510  
Home Telephone Number (402) 474-6049  
Drivers License Number [REDACTED] State NE